MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210m) CB

10916

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: Rural; near Waldorf
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: On state road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Driving through

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Virginia County: ✓

City or town: Richmond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
William Randolph Arnold

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 20, 1891

8. AGE: Years: 48 Months: 2 Days: 12 If less than one day: hrs. min.

9. Birthplace: Va.
(Town, county, and state)

10. Usual occupation: Iron worker

11. Industry or business

FATHER
12. Name: James W. Arnold
13. Birthplace: Va.

MOTHER
14. Maiden name: Betty Terry
15. Birthplace: Va.

16. Informant: P. L. Arnold (Brother)
Address: 643 F St. S. W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11-3-39 (month) (day) (year)

Cemetery or crematory: Washington, D.C.

Location

18. Funeral director: W. W. Chambers Co.
Address: 517-11th St. S.E.

19. Nov 3 1939 (Date rec'd by registrar) M. L. Mourk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 2 1939, at 10:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on November 2 1939, ~~to~~ ~~19~~, and that I ~~last~~ saw him ~~alive~~ on November 2 1939.

Immediate cause of death: Incised wound of brain

Due to: Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: Lived 15-20 min.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 11-2-39

Where did injury occur? nr. Waldorf (City or town), Charles (County), Md. (State)

Injured at home, farm, industry, public place (where?): On State road

Means of injury: Walked into moving truck Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D. Deputy Medical Examiner M. D. or other

Address: La Plata, Md. Date signed: 11-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 14 1939
SOREAU V. A

STATE OF MARYLAND—CERTIFICATE OF DEATH

10917

1. PLACE OF DEATH (B2-E)

County Charles. Registration Dist. No. 108

Village or City Bryantown No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Booth If U.S. Veteran, specify WAR

(a) Residence: No. Bryantown St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: B.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Washington

6. DATE OF BIRTH (month, day, and year): Dec. 2, 1878

7. AGE: Years 58 59; Months 11; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own farm.
10. Date deceased last worked at this occupation (month and year): 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bryantown

FATHER
13. NAME: Charles Booth
14. BIRTHPLACE (city or town) (State or country): Charles Co

MOTHER
15. MAIDEN NAME: Julia Nevin Odell
16. BIRTHPLACE (city or town) (State or country): Charles Co

17. INFORMANT (Address): Alice Booth, Bryantown, Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Bryantown Date: 11/15/39, 19

19. UNDERTAKER (Address): Hunt & Ryan, Waldorf, Md

20. FILED: 11/15/39, 19 Eva Chappelear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 12 (Month) (Day), 1939 (Year).

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Nov. 12, 19
I last saw him alive on Nov 13, 1939; death is said to have occurred on the date stated above, at 6 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other Contributory Causes of Importance:
Arteriosclerosis
Senile Dementia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Hay W. Pegram M. D.
(Address) Hay Wharf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (825)

CERTIFICATE OF DEATH

10918

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 59 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Wilson Coombs

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife: Matilda Fannie Coombs (nee Lee)

6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Dec. 21, 1879

8. AGE:

Years	Months	Days	If less than one day
59	10	22	hrs. min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: George Coombs
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary Waters
15. Birthplace: Unknown

16. Informant: Matilda Coombs (wife)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/16/39 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: South Sacred Heart [b]

18. Funeral director: Hewitt & Wyvon

Address: Waldorf Md.

19. Nov. 15 1939 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13 1939, at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12, 1939, to Nov. 13 1939, and that I last saw h- im- alive on Nov. 13, 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage (?) - hypertensive encephalopathy	?
Due to: Convulsions	14 hrs.
Due to: Essential hypertension	6 wks. as far as known
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 11/14/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

10919

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town Ironsides

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mayland County Charles.

City or town Ironsides. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Millar Gilroy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Albert B. Gilroy

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11 1867

8. AGE: Years	Months	Days	If less than one day
71	10	24	hrs. min.

9. Birthplace Ironsides, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas Arnold.

13. Birthplace Virginia.

MOTHER 14. Maiden name Helen Millar.

15. Birthplace Mayland.

16. Informant Jeland T. Gilroy.

Address Ironsides, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7 1939 (month) (day) (year)

Cemetery or crematory Durham

Location Ironsides.

18. Funeral director Hunt & Ryan.

Address Waldorf, Md.

19. Nov 6 1939 (Date rec'd by registrar) John D. Woodcock Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1939, to Nov. 4 1939, and that I last saw h- alive on Nov. 4 1939.

Immediate cause of death	DURATION
Chr. Myocardial Disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. C. Bicknell M.D.

M. D. or other

Address Marbury Md Date signed Nov 5.39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (31)

10920

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Marbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Marbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Josephine Swann Hawkins
3. (b) Social Security Number:

4. Sex: F.
5. Color or race: Old
6. (a) Single, married, widowed, or divorced: Widowed
8 (b) Name of husband or wife: Henry Swann, George Hawkins
8(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1850
8. AGE: Years: 89 Months: Days: If less than one day ____ hrs. ____ min.
9. Birthplace: Port Tobacco, Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: George Chase
13. Birthplace: Pomonkey, Md.
MOTHER
14. Maiden name: Jane Henson
15. Birthplace: Port Tobacco, Md.
16. Informant: George Washington
Address: Marbury Md
17. Indian Head Md Date thereof: Nov. 4 39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: St. Charles
Location: Glymont, Md.
18. Funeral director: Stanley Penny
Address: Pisgah Md
19. Nov. 1 1939 Mary Lopez Southerland Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1 1939, at 7 15 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1939, to ____ 19__, and that I last saw her alive on Oct 24 1939.

Immediate cause of death: Arteriosclerosis - Chr. nephritis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: George C. Bicknell MD
M. D. or other
Address: Marbury Date signed: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10921

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Charles.
City or town: Nanjemoy
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Nanjemoy Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sterling Jackson.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	Col'd	Single.

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 30, 1939

8. AGE:

Years	Months	Days	If less than one day
2	6	19	hrs. min.

9. Birthplace: Nanjemoy Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: William Brown
13. Birthplace: Ironsides, Md.

MOTHER
14. Maiden name: Alice Jackson.
15. Birthplace: Nanjemoy, Md.

16. Informant: William Brown
Address: Ironsides, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20 1939 (month) (day) (year)
Cemetery or crematory: Mt Hope.
Location:

18. Funeral director: Stanley Penny
Address: Pisgah Md.

19. Nov 19 1939 (Date rec'd by registrar) John D. Maddox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1939, to Nov. 18 1939, and that I last saw him alive on Nov. 18 1939.

Immediate cause of death	DURATION
Capillary Bronchitis	
Pulmonary Oedema	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Lee C. Bickwell M.D.
M. D. or other
Address: Marlow Date signed: Nov. 19 1939

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DEC 5 1939
BUREAU V. S.

10922

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (34)

County Charles Co. Registration Dist. 108

Village or City Hughesville No.

(If death occurred in a hospital or institution, give its NAME in...)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? .....

2. FULL NAME Lloyd Wilmer Mitchell U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	C.	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 10/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Data deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hughesville

FATHER

13. NAME John Mitchell

14. BIRTHPLACE (city or town) (State or country) Hughesville

MOTHER

15. MAIDEN NAME Elizabeth Butler

16. BIRTHPLACE (city or town) (State or country) Hughesville

17. INFORMANT (Address) Levi Sole Hughesville Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Charles Chapel Date 11/17/39, 19....

19. UNDERTAKER (Address) Desales Boyle Benedict, Md

20. FILED 11/17/39, 19.... Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 16 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, to Nov. 15, 1936, I last saw him alive on Nov. 10, 1939; death is said to have occurred on the date stated above, at 1 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Symptomatic Tetany	

Other Contributory Causes of Importance:

Uretic (?) Mother (I)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hugh W. Vogeson M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... TION is very important. See instructions on back of certificate.

V. S. No. 1

TED STATES STANDARD CERTIFICATE OF DEATH

ccupation.—Precise statement of occupation is very important, so that the relative healthfulness of n be known. Make some entry in this section for every person aged 10 years or over. If the de- from business, report the occupation prior to retirement. Children not gainfully employed may be ol or at home. For a woman whose only occupation was that of home housework, write housewife and own home in answer to Question 9. For a person engaged in domestic service for wages, occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person whatever write none.

te, an occupation return must state:

trade, profession, or particular kind of work done.

industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 6 1939
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10923

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town La Plata Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Physicians Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Charles
City or town Bryantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Shorter

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	Colored	Still born Infant

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 9, 1939

8. AGE: Years: Still born | Months | Days | If less than one day: hrs. min.

9. Birthplace La Plata, Charles Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Patrick Daniel Simms
13. Birthplace Bryantown Md.

MOTHER
14. Maiden name Mary Rosalie Shorter
15. Birthplace Bryantown Md.

16. Informant Mary Rosalie Shorter
Address Bryantown Md.

17. Burial Date thereof 11/11/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Bryantown, Md.
Location

16. Funeral director Patrick Daniel Simms
Address Bryantown, Md.

19. 11/11/39 19 Eva Chappelear
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9/39, Still born, at 7.55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still born 19 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Strangulation by Cord around neck	
Prolonged labor (32 hrs)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE J. F. McCandrew M.D.
M. D. or other
Address La Plata Md Date signed 11/9/39

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...REAU V, S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10924

1. PLACE OF DEATH

County Charles (124E) Registration Dist. No. 106.

Village or City Pomfrd No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Smith

(a) Residence: No. Marcel Comm St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colord

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anvil Smith

6. DATE OF BIRTH (month, day, and year) Oct 7 1870

7. AGE Years 69 Months 1 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer for Govt

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Charles County

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Charles Co.

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) (State or country) Charles County

17. INFORMANT Frank Smith (Address) Pomfret

18. BURIAL, CREMATION, OR REMOVAL Place Pomfret Md Date Nov 20, 1939

19. UNDERTAKER Plenny Cofer (Address) Moscow Springs Md

20. FILED 11-20-, 1939 M. E. Ransome Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1939 to Nov 17, 1939

I last saw him alive on Nov 13, 1939; death is said to have occurred on the date stated above, at 11 15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Anthrax

Date of onset

Other Contributory Causes of importance: Sarcoma of Lung

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Lynch M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11984

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Charles Registration Dist. No. 105

Village or City La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME Joseph W. Swan (Swan)

(a) Residence: No. New La Plata St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept. 14, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2 mos 1939	Sept 1	14 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last workad at this occupation (month and year) —

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) (State or country) Charles County

FATHER

13. NAME Alex Swan

14. BIRTHPLACE (city or town) (Stete or country) Charles County

MOTHER

15. MAIDEN NAME Sarah Ann Coffin Thomas

16. BIRTHPLACE (city or town) (State or country) Charles County

17. INFORMANT Alex Swann (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Cemetery Date , 19

19. UNDERTAKER Alex Swann (Address) New La Plata, Md.

20. FILED Nov. 6, 1939 Mrs. Jeremiah T. Mudd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 6 (Day) , 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1939, to Nov 4, 1939

I last saw h alive on Nov 4, 1939; death is seid to have occurred on the date statad above, at 1 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance were as follows:

	Date of onset
Acute Gastro Enteritis	
Other **Contributory Causes** of importance: Over Eating	

Name of operation — Date of —

What test confirmed diagnosis? — Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of deceased? —

If so, spacify

(Signed) Chas Lynch M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10925

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (82-a)

County Charles Registration Dist. No. 10

Village or City La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Caroline Tillett If U. S. Veteran, specify WAR

(a) Residence: No. La Plata, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry O. Tillett

6. DATE OF BIRTH (month, day, and year) Jan. 31, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) White Plains, Md.
(State or country)

FATHER

13. NAME William F Robey

14. BIRTHPLACE (city or town) White Plains
(State or country) Md

MOTHER

15. MAIDEN NAME Caroline Hunter

16. BIRTHPLACE (city or town) White Plains
(State or country) Md

17. INFORMANT Mrs Asa Cooksey
(Address) La Plata Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Lawn Date Nov 26, 1939

19. UNDERTAKER Hunter & Ryon
(Address)

20. FILED Nov. 25, 1939 Lillian Posey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 23, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, that I attended deceased from Oct. 12, 1939, to Nov. 23, 1939

I last saw her alive on November 21, 1939; death is said to have occurred on the date stated above, at 1:55 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Essential Hypertension	1932
Cerebral Hemorrhage	1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Bodeley M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 6 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN